

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2001 8:00 am  
Secretary of State

04-28-2001 90063 044 \*\*\*\*\*70.50

DOCUMENT # 752462

1. Entity Name

NEW HOPE APOSTOLIC CHURCH INCORPORATED

Principal Place of Business

Mailing Address

3012 N. 22ND STREET  
TAMPA FL 33605

P.O. BOX 291332  
TAMPA FL 33687

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0304000

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, JAMES  
3012 N 22ND ST  
TAMPA FL 33605

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete  
NAME ANDERSON, JAMES  
STREET ADDRESS 3012 N 22ND ST  
CITY-ST-ZIP TAMPA FL

TITLE Director ☐ Change ☒ Addition  
NAME CAROLYN WELCH  
STREET ADDRESS 1701 PINE ST  
CITY-ST-ZIP TAMPA, FL. 33607

TITLE D ☐ Delete  
NAME STEWART, CARLA  
STREET ADDRESS 2613 E 9TH AVENUE  
CITY-ST-ZIP TAMPA FL

TITLE Director ☐ Change ☒ Addition  
NAME GREGORY L. ANDERSON  
STREET ADDRESS 669 LAKE MONT DR  
CITY-ST-ZIP BRANDON, FL. 33510

TITLE ~~B~~ ☒ Delete  
NAME ~~FORD, GREGORY~~  
STREET ADDRESS ~~1943 KENWIRE DR #8~~  
CITY-ST-ZIP ~~TAMPA FL~~

TITLE Director ☐ Change ☒ Addition  
NAME SHIRLEY MINGO  
STREET ADDRESS 1905 E Clinton St  
CITY-ST-ZIP Tampa, FL. 33610

TITLE SD ☐ Delete  
NAME HANCOCK, DONNA  
STREET ADDRESS 1442 139TH AVE E  
CITY-ST-ZIP TAMPA FL 33613

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime phone #

4-24-01 813/247-4625

CR2E037 (10/00)